

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029649

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8066 STATE FILE NUMBER

FILED AUG 15 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

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INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 4 years		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5952 Shulte Ave.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5952 Shulte Ave.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First PAULINE Middle MARY Last ALBERTSON			4. DATE OF DEATH Month Aug. Day 6 Year 1963			5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/15/1877		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework						10b. KIND OF BUSINESS OR INDUSTRY home			11. BIRTHPLACE (City and state or country) St. Louis Mo. U.S.A.			12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME John Reb						13b. MOTHER'S MAIDEN NAME Pauline Martens						14. NAME OF HUSBAND OR WIFE Frank Albertson							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no												17. INFORMANT Address Agnes Buescher 5952 Shulte Ave.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Carcinoma of Urinary Bladder DUE TO (c) 181.0												INTERVAL BETWEEN ONSET AND DEATH 6 Mo 13 Mo							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)												PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)													
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY, STATE							
21. I attended the deceased from April 1946 to Aug 6, 1963 and last saw her alive on Aug 6, 1963. Death occurred at 12:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) Wm. M. Weber M.D.						22b. ADDRESS 274 Normandy Prof Bldg						22c. DATE SIGNED 8/6/63							
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE 8/9/1963			23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			23d. LOCATION (City, town or county) St. Louis			23e. STATE Mo.							
24. FUNERAL DIRECTOR ADDRESS Buchholz Mortuary 5967 W. Florissant						25. DATE RECD. BY LOCAL REG. AUG 8 1963			26. REGISTRAR'S SIGNATURE Earl Smith. M.D.										

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

No. _____
 St. Louis _____
 2222 Shulte Ave. _____
 x _____
 x _____
 Albertson _____
 88 _____
 U.S.A. No. _____
 Frank Albertson _____
 Agnes Bruecher 2222 Shulte Ave. _____
 Marie _____
 white _____
 home _____
 John _____
 no _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Walter B. Buchholz*
 Licensed Embalmer No. 4551
 P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.

St. Louis _____
 Calvary Cemetery _____
 8/2/23 _____
 Buchholz Mortuary 2807 W. Florissant _____